

C S
PART B—ISSUE FEE TRANSMITTAL

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MAILING INFO
All further
entered in
"FEE AD."

TIONS: This form should be used for transmitting the ISSUE FEE. Blocks 2 through 6 should be completed where appropriate. Once including the Issue Fee Receipt, the Patent, advance orders and notification of maintenance fees will be mailed to addressee or you direct otherwise, by: (a) specifying a new correspondence address in Block 3 below; or (b) providing the PTO with a separate maintenance fee notifications with the payment of Issue Fee or thereafter. See reverse for Certificate of Mailing.

1. CORRESPONDENCE ADDRESS		2. INVENTOR(S) ADDRESS CHANGE (Complete only if there is a change)	
LYON & LYON 633 WEST FIFTH STREET SUITE 4700 LOS ANGELES, CA 90071-2066		INVENTOR'S NAME Street Address City, State and ZIP Code CO-INVENTOR'S NAME Street Address City, State and ZIP Code	RECEIVED Publishing Division DEC 06 1996 DT
<input type="checkbox"/> Check if additional changes are on reverse side			

SERIES CODE/SERIAL NO.	FILING DATE	TOTAL CLAIMS	EXAMINER AND GROUP ART UNIT	DATE MAILED
08-141-914	10/22/93	011	KILLOS, P	1204 09/03/96
First Named Applicant	BOEHM,	MARCOS, F.		

TITLE OF INVENTION

COMPOUNDS HAVING SELECTIVE ACTIVITY FOR RETINOID X RECEPTORS, AND MEANS FOR MODULATION OF PROCESSES MEDIATED BY RETINOID X RECEPTORS

	ATTY'S DOCKET NO.	CLASS-SUBCLASS	BATCH NO.	APPLN. TYPE	SMALL ENTITY	FEES DUE	DATE DUE
1	203270	514-560.000	B74	UTILITY	NO	\$ 1290.00 XXXXXXXXXX	12/03/96

The Commissioner is hereby authorized to charge any additional fees which may be required, or credit any overpayment to Deposit Account No. 12-2475. A duplicate copy of this sheet is enclosed.

3. Correspondence address change (Complete only if there is a change)

Lyon & Lyon
First Interstate World Center
633 West Fifth Street, Suite 4700
Los Angeles, CA 90071-2066

4. For printing on the patent front page, list the names of not more than 3 registered patent attorneys or agents OR, alternatively, the name of a firm having as a member a registered attorney or agent. If no name is listed, no name will be printed.

1 LYON & LYON

2 _____

3 _____

DO NOT USE THIS SPACE

810 BL 12/17/96 08141914
1 142 1,290.00 CK
1 561 42.00 CK

5. ASSIGNMENT DATA TO BE PRINTED ON THE PATENT (print or type)

(1) NAME OF ASSIGNEE: **LIGAND PHARMACEUTICALS INCORPORATED**

(2) ADDRESS: (CITY & STATE OR COUNTRY)
SAN DIEGO, CALIFORNIA

A. This application is NOT assigned.

Assignment previously submitted to the Patent and Trademark Office.

Assignment is being submitted under separate cover. Assignments should be directed to Box ASSIGNMENTS.

PLEASE NOTE: Unless an assignee is identified in Block 5, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the PTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

6a. The following fees are enclosed: **check no:**

Issue Fee Advance Order - # of Copies 14

6b. The following fees should be charged to: 12-2475

DEPOSIT ACCOUNT NUMBER _____
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Any Deficiencies in Enclosed Fees _____

The COMMISSIONER OF PATENTS AND TRADEMARKS is requested to apply the Issue Fee to the application identified above.

(Authorized Signature) H. E. W.

(Date) 12/3/96

NOTE: The Issue Fee will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the Patent and Trademark Office.

1. TRANSMIT THIS FORM WITH FEE-CERTIFICATE OF MAILING ON REVERSE